

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 5 1957

57 0 2 2 3 3 4
State File No.

5815

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5815			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, MO.				c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis, MO.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration				e. STREET ADDRESS (If rural, give location) 4976 Beacon Ave.					
3. NAME OF DECEASED (Type or Print) Edward H. Aye				a. (First) 910 N. Grand Middle		c. (Last)			
4. DATE OF DEATH June 21st, 1957				5. SEX Male		6. COLOR OR RACE White			
7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married				8. DATE OF BIRTH March 31st, 1896		9. AGE (In years last birthday) 61			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) qual'd				10b. KIND OF BUSINESS OR INDUSTRY Veterans Hospital		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.			
12. CITIZEN OF WHAT COUNTRY U.S.A				13a. FATHER'S NAME Hans R. Aye		13b. MOTHER'S MAIDEN NAME Julia			
14. NAME OF HUSBAND OR WIFE Mary Agnes Aye				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) #1		16. SOCIAL SECURITY NO. 491-14-6573			
17. INFORMANT'S SIGNATURE OR NAME Mary A. Aye				ADDRESS 4976 Beacon Ave.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Broncho pneumonia, bilateral with lung abscess; Recurrent carcinoma of side tongue. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 141X				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:00 A.M., from the causes and on the date stated above.									
23a. SIGNATURE Joseph M. Smith				23b. ADDRESS 1300 Clark				23c. DATE SIGNED 6/21/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal				24b. DATE 6/24/57				24c. NAME OF CEMETERY OR CREMATORY Calvary	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.				25. FUNERAL DIRECTOR'S SIGNATURE Harry A. Kraeger				ADDRESS 222 Grandon Dr. Clayton 24, Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

S.P. (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Elmer R. Gadsden*

Licensed Embalmer No. *407*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.